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APPLICANTS

David D. Konieczynski, Needham, MA;

Thomas Vincent Doherty, Bellingham, MA;
 Dale Whipple, East Taunton, MA; Niall Casey, Boston, MA;
 Mark Hall, Bridgewater, MA;

** CONTINUING DATA *****

- NONE -

** FOREIGN APPLICATIONS *****

- NONE -

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Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

021125
 NUTTER MCCLENNEN & FISH LLP
 WORLD TRADE CENTER WEST
 155 SEAPORT BOULEVARD
 BOSTON, MA
 02210-2604

TITLE

Polyaxial bone screw

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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